

with them below the surface. His work, though comprehensive, is certainly not profound. It is commendable more for the philosophical importance of the subject, and the great value of the method of investigation adopted, than for the thoroughness with which that investigation has been conducted. It is an exceedingly difficult undertaking to keep pace with the rapidly advancing physiology of the present day; still more difficult is it for any one to master the details of this science so thoroughly as to be able to apply them with success to the elucidation of the principles involved in a forensic survey of man. For such an application something more than the mere perusal of the standard, physiological text-books of the day is necessary. Years of laborious and potent research in the laboratory of the physiologist are imperatively required.

J. A. M.

ART. XX.—*De l'Hématocèle Rétro-utérine et des Epanchements Sanguins Non-encystés de la Cavité Péritonéale du petit Bassin, considérés comme Accidents de la Menstruation.* Par le Docteur ACOUSTE VOISIN, Ancien Interne des Hôpitaux de Paris, Lauréat de la Faculté de Médecine et de la Société de Chirurgie, Membre de la Société Anatomique, de la Société Médicale d'Observation, de la Société de Médecine du Département de la Seine. Avec une planche. Paris: J. B. Baillière et Fils, 1860. Octavo, pp. 368.

*Retro-uterine Hæmatocèle and Non-encysted Effusions of Blood in the Peritoneal Cavity, considered as Accidents of Menstruation.* By Dr. VOISIN. With a lithographic plate.

RETRO-UTERINE HÆMATOCELE is the name given by M. Nélaton to an affection, the pathology of which was first precisely pointed out by him about ten years ago. The character of the affection is indicated by the name; it is a bloody tumour behind the uterus.

With the exception of a few very short notices in some of the medical periodicals, a very imperfect, and indeed quite incorrect, account given by Dr. Gross in his *System of Surgery*, and three cases reported by ourselves from the clinical lectures of M. Nélaton, we have never seen any reference made to this affection by an American writer. British writers, also, have said but very little in regard to it; by far the most complete account of all is given by Dr. West, in his *Diseases of Women* (Am. ed., Philadelphia, 1858, p. 333).

This affection, so lately recognized, is certainly not a common one; yet a knowledge of its existence and of its nature will show it not to be so very rare as might be supposed. We are satisfied ourselves that a very considerable proportion of the reported cases of pelvic abscess so readily healed after opening, and of ovarian tumours cured by simple evacuation through the walls of the vagina, would be shown, by more careful and enlightened examination, to be cases of sanguineous cysts behind the uterus, or retro-uterine hæmatocèle. The situation occupied by these sanguineous cysts, and the gravity and peculiar character of the diseases with which they may readily be confounded, show the importance of recognizing them.

This treatise of Dr. Voisin is one of those complete and finished monographs, in which the French, with their genius for methodical arrangement and careful research into minutiae, so highly excel. It contains all that is known in regard to retro-uterine hæmatocèle; its literary history; its pathology, and the different opinions held in regard to it; its causes; its symptoms, its diagnosis, and its treatment; and, moreover, the detailed history of thirty-six cases. Not only this, but its author, in addition to being thoroughly acquainted with his subject, is evidently highly qualified for the task of deciding between any discordant opinions that may have arisen in regard to various points connected with it. After carefully studying his treatise, we adopt, without hesitation, the opinions he holds with respect to the origin of the blood, and the anatomical seat of the tumour—the two most unsettled points in these cases of bloody tumours, cystic and not encysted, of the pelvis.

Retro-uterine hæmatocele is the result of hemorrhage into the fold of the peritoacum, behind the uterus, from the mucous membrane of the Fallopian tube, or of the uterus, or of the membrane of the Graafian vesicle. It always takes place at the time of the menstrual discharge, the determination of blood to the pelvic organs having been abnormally great. Non-encysted effusions of blood proceed from the same parts, the hemorrhage being so violent that the patient dies before the blood effused can become surrounded by a limiting membrane; and also from a ruptured sub-ovarian varix, when the hemorrhage is always so rapid that the patient dies (not one has lived more than twelve hours) before there is a possibility of any cyst being found. In ten of the cases of hæmatocele that came under his own notice, Dr. Voisin was able to obtain precise information respecting the direct cause of the affection. In all the ten the first symptoms coincided with the catamenial period. In seven sexual intercourse had taken place while the courses were on, and a commencing pain was produced during the venereal act. In the others, one had passed the whole night at a ball; another had scooped a floor; and another had washed clothes, exposed to severe cold. In two cases of non-encysted bloody effusions, in which an autopsy was made, the direct cause in one was evidently excess in coitus, and the other was caused by a kick.

As to the seat of the tumour, autopsy has always shown it to be situated in the peritoneal cavity; no proof has ever been given of the extra-peritoneal seat of retro-uterine hæmatocele. As regards the opinion, adopted by Dr. Gross, that the blood is poured out into the sub-peritoneal cellular substance of the neck of the uterus, it is only necessary to state that there is not a trace of cellular tissue, on the posterior surface of the uterus, between it and the peritoneum.

The symptoms of retro-uterine hæmatocele, at the beginning, are those of inflammation of the peritoneum; severe pain, increased by the least pressure, by the slightest motion, having its principal seat in the pelvic cavity, increasing at every menstrual period as long as the affection lasts. The pain is sometimes accompanied by a very fatiguing sensation of weight about the anus; then the patient or the physician detects the existence of a tumour, dull upon percussion, projecting above the pubis, and extending more or less towards the umbilicus. By the finger in the vagina, this tumour is felt pushing forwards the neck of the uterus against the posterior face of the symphysis pubis, flattening out the rectum behind, stretching tightly the walls of the vagina, and advancing forwards to about two inches from the orifice of the vulva. From interference with the bladder and the rectum, there is vesical tenesmus, and constipation.

The general symptoms are those of peritonitis; nausea, vomiting, chills, intense fever, small and rapid pulse, and hippocratic face. To these general phenomena must be added a rapid decoloration of the skin, which becomes of a dull white colour.

When left to itself, a retro-uterine hæmatocele generally disappears, by the absorption of the blood effused, in about four months. In some instances it has opened its way into the rectum, and in others—and of this we have witnessed an example—it has discharged itself into the vagina. In some few cases the encysting membrane has given way, and the tumour has opened into the general peritoneal cavity; and again—though this is very rare—the contents have become purulent, and demanded instant surgical intervention.

As to the proper treatment of this affection, we learn from this treatise that out of 27 cases treated medically, but 3 died; of 20 cases in which a puncture was practised, and the contents of the cyst evacuated, 5 died, and a large proportion of the others were in great danger with symptoms of putrid infection. It is only in those very rare cases where suppuration takes place in the tumour that the surgeon should interfere. Dr. West is decidedly too much inclined to practise the opening of these sanguineous cysts; a more extended experience will probably lead him to modify his teachings in regard to this.

We stated above that it was likely that a number of cases of retro-uterine hæmatocele were confounded with pelvic abscess, that kind, at least, which is situated behind the uterus. In both cases there is a post-uterine tumour, and very severe pelvic pains; in both, also, adhesions are formed between the intestines and the pelvic organs. But in post-uterine abscess the symptoms are not

often so closely connected with menstruation, and do not from the very first reach their highest degree of intensity; the tumour is not formed at the very beginning; the mass, hard at first, becomes afterwards soft and fluctuating, while generally it is the contrary in hæmatocele. Retro-uterine abscess is very often consecutive to a delivery or an abortion. Another affection also confounded with retro-uterine hæmatocele, but the differential diagnosis of which is far more easy, is an ovarian cyst occupying the retro-uterine space, and adherent to the broad ligaments, the uterus, and the intestines. The tumour here pushes the uterus forwards; it is felt by the touch above the pubis, and is the seat of evident fluctuation. But in such cases the patient is generally over forty years of age, while in hæmatocele she is almost always about thirty; the affection is developed without any serious morbid symptom, without any sign of acute peritonitis, and it tends to daily increase in size, without giving rise to any symptoms but those of compression and of interference with the functions of the alimentary canal.

The plate accompanying this work represents the appearances found in the pelvis in a case of retro-uterine hæmatocele, as examined after death; also three figures illustrating a case of cystic tumour of the ovary.

We most earnestly recommend the careful study of this monograph of Dr. Voisin to all engaged in medical practice, and particularly to those who are interested in the subject of abdominal tumours. It has been our object, in what has been said on the occasion of his work, rather to draw the attention of the profession in this country to the existence of the disease treated of therein, and to the importance of recognizing it, than to attempt anything like a critical or analytical notice of its contents.

W. F. A.

**ART. XXL.—Stricture of the Urethra: its Complications and Effects. A Practical Treatise on the Nature and Treatment of those Affections.** By ROBERT WARD, F. R. C. S., Senior Surgeon to the Westminster General Dispensary; Fellow of the Royal Medical and Chirurgical Society; and late Lecturer on Pathological Anatomy. Fourth edition (with engravings), considerably enlarged. London, 1860. 8vo. pp. 354.

In the preface to this treatise we are warned that it has no pretensions to either microscopical or historical distinction, and that the end and aim of the author have been to make it thoroughly practical. We are therefore, we suppose, called upon to excuse the absence of anything approaching to novelty or to remarkable interest in this good-sized volume, in the matter of the anatomy, physiology, pathology, or hygiene of the urethral canal; in other words, of everything not directly concerned in the treatment of stricture. In what we have to say about it, we shall therefore confine ourselves almost entirely to its practical teachings, or to the mode of treatment advocated therein. Since the author seems to disclaim any intention of affording any new information on other points, we scarcely feel at liberty to find fault with him for not having done so, though quite disposed to express dissatisfaction at the waste of time we have been compelled to submit to in the examination of so many pages devoted to the description of the varieties, symptoms, causes, and consequences of urethral stricture, without finding anything to repay us for our labour.

This absence of anything new is, to be sure, scarcely a matter for just disappointment, when we consider how much has been written on this subject, and the number of comprehensive treatises that have recently been published thereupon, particularly in England. But, on the other hand, this same consideration would lead us to expect some decided superiority in a treatise, of which a fourth edition had been demanded. This difficulty, however, we find satisfactorily solved by what is said of the second edition of the work in the *British and Foreign Medico-Chirurgical Review*, for April, 1850. Speaking of Mr. Ward, the reviewer says: "He has imposed upon the public, and has attempted to impose upon us, a book which he calls a second edition, but which is not by